

D.A.R.E. America Request for Waiver		
Applicant Requesting Waiver:		Date
Agency Requesting Waiver:		
Agency Contact Person:		Phone:
Agency Address:		
City:	State:	Zip:
Specific policy requirements for which waiver is sought:		
Justification for waiver: Please be very specific. Use additional pages if necessary:		
Type of D.A.R.E. Training Requested:		
Location of Training:		
Dates of Training:		
Recommendation of State Coordinator:		
<input type="checkbox"/> Approve Waiver <input type="checkbox"/> Disapprove Waiver		
State Coordinator's Signature		Date
Action of D.A.R.E. America:		
<input type="checkbox"/> Approve Waiver <input type="checkbox"/> Disapprove Waiver		
Regional Director's Signature		Date